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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF PENNSYLVANIA	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself			
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name			
	your pictu exar licer Brin	e the name that is on r government-issued ure identification (for mple, your driver's ase or passport).	E. Middle name		First name Middle name
		tification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years			
		ude your married or den names.			
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-3032		

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Debtor 1 Bradley E. Smith Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	609 4th Street	If Debtor 2 lives at a different address:
		Tyrone, PA 16686 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Blair County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Bradley E. Smith Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12.

this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

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Den	brauley E. Silliui				Case Humber (II known)
Par	Report About Any Bu	ısinesses	You Ow	n as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of busi	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Nam	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, State	e & ZIP Code
	it to this petition.		Chec	ck the appropriate bo:	x to describe your business:
					ess (as defined in 11 U.S.C. § 101(27A))
					Estate (as defined in 11 U.S.C. § 101(51B))
				_	efined in 11 U.S.C. § 101(53A))
					r (as defined in 11 U.S.C. § 101(6))
				None of the above	· · · · · · · · · · · · · · · · · · ·
			ш		,
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are of cash-flow § 1116(1	under Suchoosing w statement (B).	ubchapter V so that it to proceed under Sul ent, and federal incom	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	No.	I am	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	· Have Any	y Hazard	ous Property or Any	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to	⊔ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where	is the property?	
	<i>.</i>				Number, Street, City, State & Zip Code

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Debtor 1 Bradley E. Smith

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	Bradley E. Smith				umber (if known)				
Par	t 6: Answer These Quest	ions for Rep	orting Purposes						
16. What kind of debts do you have?		iı	individual primarily for a personal, family, or household purpose."						
		[☐ No. Go to line 16b.						
			■ Yes. Go to line 17.						
				ousiness debts? Business debts are c estment or through the operation of the					
		[☐ No. Go to line 16c.						
		[Yes. Go to line 17.						
		16c. S	State the type of debts you	owe that are not consumer debts or bu	siness debts				
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and			Do you estimate that after any exempt vailable to distribute to unsecured cred	property is excluded and administrative expenses litors?				
	administrative expenses	Γ	□No						
	are paid that funds will be available for distribution to unsecured creditors?	I	Yes						
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,000				
	you estimate that you owe?	□ 50-99		<u></u> 5001-10,000	<u> </u>				
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000				
19.	How much do you	□ \$0 - \$50	•	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		- \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion				
			1 - \$500,000 1 - \$1 million	□ \$100,000,001 - \$500 million					
20.	How much do you estimate your liabilities	□ \$0 - \$50		□ \$1,000,001 - \$10 million	\$500,000,001 - \$1 billion				
	to be?		1 - \$100,000 11 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion				
			1 - \$1 million	□ \$100,000,001 - \$500 million	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Par	t 7: Sign Below								
For	you	I have exar	nined this petition, and I de	eclare under penalty of perjury that the	information provided is true and correct.				
					gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.				
				not pay or agree to pay someone who he notice required by 11 U.S.C. § 342(is not an attorney to help me fill out this b).				
		I request re	lief in accordance with the	chapter of title 11, United States Code	, specified in this petition.				
		bankruptcy and 3571.	case can result in fines up	t, concealing property, or obtaining mo to \$250,000, or imprisonment for up to	ney or property by fraud in connection with a p 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		Bradley E Signature of		Signature of D	Debtor 2				
		Executed of	n March 31, 2021	Executed on					
			MM / DD / YYYY		MM / DD / YYYY				

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Debtor 1 Bradley E. Smith Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeffrey A. Muriceak	Date	March 31, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Jeffrey A. Muriceak		
Printed name		
Evey Black Attorneys LLC		
Firm name		
401 Allegheny Street		
P O Box 415		
Hollidaysburg, PA 16648		
Number, Street, City, State & ZIP Code		
Contact phone (814) 695-7581	Email address	jmuriceak@eveyblack.com
Pa. I.D. #76013 PA		
Bar number & State		

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		Docume	eni Paye 8 01 57		
Fill in this inform	nation to identify your	case:			
Debtor 1	Bradley E. Smith				
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA		
Case number _					☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	125,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	235,038.13
	1c. Copy line 63, Total of all property on Schedule A/B	\$	360,038.13
Pai	t 2: Summarize Your Liabilities		
			abilities at you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	116,630.96
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	76,361.35
	Your total liabilities	\$	192,992.31
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,858.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,792.02
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Bradley E. Smith Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,226.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in Debto	this information			Docur	ment	Page 10 of 57		_	
Debto		on to identify	your case and th	is filing:					
		Bradley E. S							
Debto		irst Name	Middle	Name		Last Name			
		irst Name	Middle	Name		Last Name			
Jnited	d States Bankru	ptcy Court for	the: WESTERN	DISTRIC	T OF PEN	NSYLVANIA			
Case	number								☐ Check if this is ar
						_			amended filing
<u>Offic</u>	cial Form	106A/B	• •						
Sch	nedule /	4/B: Pr	operty						12/15
	every question.	ŕ	·			he top of any additional pages own or Have an Interest In	, write your	name and case	number (if known).
_	o. Go to Part 2.	property?							
1.1	200 44h Ctroot			What is	the proper	ty? Check all that apply			
	609 4th Street street address, if avai		cription	'	-	nome ulti-unit building n or cooperative	the amoun	t of any secured	ims or exemptions. Put claims on Schedule D: as Secured by Property.
					Manufacture	d or mobile home	Current va	alue of the	Current value of the
_	Tyrone	PA	16686-0000	=	Land		entire pro	perty?	portion you own?
С	City	State	ZIP Code	_	Investment p Timeshare	property		25,000.00	\$125,000.00
					Other		(such as f	ee simple, tena	our ownership interest incy by the entireties, or
				_	as an interest Debtor 1 only	st in the property? Check one	a life estat	te), if known. ple	
E	Blair			_	Debtor 2 only	•			
_	County			_		Debtor 2 only	□ Chec	k if this is com	munity property
C						of the debtors and another	(see in	structions)	manney property
C						you wish to add about this iten tion number:	n, such as lo	ocal	
C				propert					

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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ebtor 1	Bradley E. Smith		Case number (if known)	
Cars, van	s, trucks, tractors, sport utility	vehicles, motorcycles		
	, , , , ,	•		
□ No				
Yes				
			Do not doduct accured	oloima or evernations. But
.1 Make:	Lincoln	Who has an interest in the property? Check one	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i>
Model:		Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
Year:	2006	_ Debtor 2 only	Current value of the	Current value of the
	kimate mileage: 213,000 information:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
Other	mormation.	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$3,798.00	\$3,798.00
2 Make:	Toyota	Who has an interest in the property? Check one		claims or exemptions. Put
Model:	Tacoma	 ☐ Debtor 1 only		red claims on Schedule D: aims Secured by Property.
Year:	2017	☐ Debtor 2 only	Current value of the	Current value of the
Approx	kimate mileage: 50,000		entire property?	portion you own?
Other i	information:	At least one of the debtors and another		
Crew	cab front wheel drive] _	00 000 00	¢40,000,00
		Check if this is community property (see instructions)	\$20,000.00	\$10,000.00
		own for all of your entries from Part 2, including		\$13,798.00
pages yo	u have attached for Part 2. Wri	te that number here	=>	Ψ13,730.00
rt 3: Desc	ribe Your Personal and Household	i Items		
you own	or have any legal or equitable	interest in any of the following items?		Current value of the
				portion you own? Do not deduct secured claims or exemptions.
Examples ☐ No	d goods and furnishings s: Major appliances, furniture, line	ens, china, kitchenware		
Yes. D	Describe			
	Stove/Oven			\$350.0
	Stove/Oven			\$330.0
	Dishwasher			\$250.0
	Distingstict			Ψ200.0
	Microwave			\$50.0
	Refrigerator/F	Freezer		\$500.0
	F			\$500.0
	Kitchenware		1	あついい

Official Form 106A/B

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D	Debtor 1 Bradley E.	Smith Case number (if kno	wn)
		Washer/Dryer (\$350.00 each)	\$700.00
		Lamps, Mirrors, Clocks	\$50.00
		Living Room Furniture (collective value with no item exceeding \$625.00)	\$1,500.00
		Entertainment Center	\$50.00
		Bedroom No. 1 Furniture	\$450.00
		Bedroom No. 2 Furniture	\$400.00
		Misc. Household Items (Linens, etc.)	\$300.00
		Computer (purchased new for \$1,000.00)	\$500.00
		Printer	\$150.00
		Lawnmower	\$150.00
		Snowblower	\$300.00
		Yard Tools and Equipment	\$150.00
7.		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus Il phones, cameras, media players, games	sic collections; electronic devices
		Television	\$400.00
8.		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, or other art of the other art o	oin, or baseball card collections;
9.	Equipment for sports a Examples: Sports, photo musical inst No	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cand	nes and kayaks; carpentry tools;
10	 Yes. Describe Firearms Examples: Pistols, rifle No Yes. Describe 	es, shotguns, ammunition, and related equipment	

Official Form 106A/B Schedule A/B: Property page 3

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Bradley F. Smith Case number (if known)

Bradley E. 3	ommun		
11. Clothes			
Examples: Everyday cl	othes, furs, leather coats, design	er wear, shoes, accessories	
Yes. Describe			
	Clothing		\$500.00
12. Jewelry	wolny costumo iowolny opagaon	ment rings, wedding rings, heirloom jewelry, watches, gems,	gold silver
□ No	welly, costume jewelly, engager	ment fings, wedding fings, fielifoont jewelly, watches, gems,	Joid, Silvei
Yes. Describe			
	Matakaa		\$400.00
	watches		\$100.00
	Other Jewelry		\$200.00
13. Non-farm animals	hirde horeos		
■ No	bilds, florses		
☐ Yes. Describe			
14 Any other personal an	d household items you did no	t already list inalyding any boolth aids you did not list	
No	a nousenola items you ala no	t arready list, including any health alds you did not list	
***	ormation		
·			
15. Add the dollar value	of all of your entries from Part	3, including any entries for pages you have attached	47.770.00
for Part 3. Write that	number here		\$7,550.00
Part 4: Describe Your Finan			
Do you own or have any I	egal or equitable interest in an	by of the following?	Current value of the portion you own?
			Do not deduct secured
			claims or exemptions.
16. Cash	havo in vour wallot, in vour home	in a cofe deposit how and on hand when you file your potit	ion
□ No	nave in your wallet, in your nome	e, in a sale deposit box, and on hand when you life your pelic	OII
Yes			
		Cook	¢200.00
		Casn	\$200.00
47. Damasita of manay			
 Deposits of money Examples: Checking, s 	avings, or other financial accoun	ts; certificates of deposit; shares in credit unions, brokerage	houses, and other similar
	If you have multiple accounts wi	th the same institution, list each.	
□ No ■ Yes		Institution name:	
■ Yes			
	17.1 Checking	Citizens Bank	\$0.00
	17.2. Savings	Citizens Bank	\$0.00
	17.3. Vendor Deposit	Curb Appeal (deposit for driveway repair)	\$800.00
	s: Dogs, cats, birds, horses escribe r personal and household items you did not already list, including any health aids you did not list ive specific information e dollar value of all of your entries from Part 3, including any entries for pages you have attached 3. Write that number here		

Official Form 106A/B

Schedule A/B: Property

Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Desc Main Document Page 14 of 57 Bradley E. Smith Debtor 1 Case number (if known)

18.	Examples: Bond funds	or publicly traded stocks , investment accounts with b	prokerage firms, money market accounts	
	■ No □ Yes	Institution or issue	er name:	
	joint venture ■ No	tock and interests in incorp	porated and unincorporated businesses, including an interes	t in an LLC, partnership, and
	_ roo. Olve opeoille iii	Name of entity:	% of ownership:	
20.	Negotiable instrument	s include personal checks, ca	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
	☐ Yes. Give specific inf	ormation about them Issuer name:		
	Retirement or pension Examples: Interests in No		403(b), thrift savings accounts, or other pension or profit-sharing	plans
	■ Yes. List each accou	nt separately. Type of account:	Institution name:	
		IRA	Lincoln Financial Retirement IRA	\$79,290.98
		401(k)	Signature Wealth Advisors 401(k)	\$102,450.24
		ed deposits you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications compan	nies, or others
	Yes		Institution name or individual:	
23.	Annuities (A contract f ■ No	or a periodic payment of mor	ney to you, either for life or for a number of years)	
	☐ Yes Is	ssuer name and description.		
24.	Interests in an educati 26 U.S.C. §§ 530(b)(1), ■ No		qualified ABLE program, or under a qualified state tuition pro	gram.
		nstitution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or fu ■ No	iture interests in property (other than anything listed in line 1), and rights or powers exe	ercisable for your benefit
	☐ Yes. Give specific in	formation about them		
26.			and other intellectual property eds from royalties and licensing agreements	
	☐ Yes. Give specific in	formation about them		
		and other general intangib rmits, exclusive licenses, coc	oles operative association holdings, liquor licenses, professional license	es
	Yes. Give specific in	formation about them		
М	oney or property owed	to you?		Current value of the portion you own?

Do not deduct secured claims or exemptions.

Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Page 15 of 57 Document Debtor 1 **Bradley E. Smith** Case number (if known) 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No \square Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Northwestern Mutual Life Insurance** Jacob Smith - Son \$30,948.91 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$213,690.13 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

☐ Yes. Go to line 47.

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Debto	r 1 Bradley E. Smith	ment	Page 16 01	Case number (if known)	
Part 7	Describe All Property You Own or Have an Interest in	That You D	id Not List Above		
<i>E</i>	you have other property of any kind you did not alre ixamples: Season tickets, country club membership No Yes. Give specific information	eady list?			
	Add the dollar value of all of your entries from Part 7.	Write that	number here		\$0.00
Part 8	List the Totals of Each Part of this Form				
55. F	Part 1: Total real estate, line 2				\$125,000.00
56. F	Part 2: Total vehicles, line 5	_	\$13,798.00		
57. F	Part 3: Total personal and household items, line 15	_	\$7,550.00		
58. F	Part 4: Total financial assets, line 36		\$213,690.13		
59. F	Part 5: Total business-related property, line 45		\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	2 _	\$0.00		
61. F	Part 7: Total other property not listed, line 54	+	\$0.00		
62. 1	Fotal personal property. Add lines 56 through 61	_	\$235,038.13	Copy personal property total	\$235,038.13
63.	Fotal of all property on Schedule A/B. Add line 55 + line	e 62			\$360,038.13

Official Form 106A/B Schedule A/B: Property page 7

\$360,038.13

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Fill in this information to identify your case:							
Debtor 1	Bradley E. Smith						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA				
Case number							
(if known)					☐ Check if this is an		
					amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Nhich set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	609 4th Street Tyrone, PA 16686 Blair County	\$125,000.00		\$11,340.00	11 U.S.C. § 522(d)(1)			
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit				
	2006 Lincoln Towncar 213,000 miles Line from Schedule A/B: 3.1	\$3,798.00		\$3,798.00	11 U.S.C. § 522(d)(2)			
	Ellie Holli Schedule A.B. 9.1			100% of fair market value, up to any applicable statutory limit				
	2017 Toyota Tacoma 50,000 miles Crew cab front wheel drive	\$10,000.00		\$7,463.50	11 U.S.C. § 522(d)(5)			

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$350.00

\$250.00

\$350.00

\$250.00

Line from Schedule A/B: 3.2

Line from Schedule A/B: 6.1

Line from Schedule A/B: 6.2

Stove/Oven

Dishwasher

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

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tor 1 Bradley E. Smith		Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Microwave Line from Schedule A/B: 6.3	\$50.00	\$50.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Refrigerator/Freezer Line from Schedule A/B: 6.4	\$500.00	\$500.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Kitchenware Line from Schedule A/B: 6.5	\$500.00	\$500.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Washer/Dryer (\$350.00 each) Line from Schedule A/B: 6.6	\$700.00	\$700.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Lamps, Mirrors, Clocks Line from Schedule A/B: 6.7	\$50.00	\$50.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Living Room Furniture (collective value with no item exceeding	\$1,500.00	1 ,500.00	11 U.S.C. § 522(d)(3)
\$625.00) Line from <i>Schedule A/B</i> : 6.8		☐ 100% of fair market value, up to any applicable statutory limit	
Entertainment Center Line from Schedule A/B: 6.9	\$50.00	\$50.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Bedroom No. 1 Furniture Line from Schedule A/B: 6.10	\$450.00	\$450.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Bedroom No. 2 Furniture Line from Schedule A/B: 6.11	\$400.00	\$400.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Misc. Household Items (Linens, etc.) Line from Schedule A/B: 6.12	\$300.00	\$300.00	11 U.S.C. § 522(d)(3)
		☐ 100% of fair market value, up to any applicable statutory limit	
Computer (purchased new for \$1,000.00)	\$500.00	\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6.13		☐ 100% of fair market value, up to any applicable statutory limit	

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otor 1 Bradley E. Smith			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		unt of the exemption you claim	Specific laws that allow exemptio
	Copy the value from Schedule A/B	Cneci	k only one box for each exemption.	
Printer Line from Schedule A/B: 6.14	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
Line Holli Schedule AVB. 0.14			100% of fair market value, up to any applicable statutory limit	
Lawnmower Line from Schedule A/B: 6.15	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Snowblower Line from Schedule A/B: 6.16	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)
Ellie Holli ochedale A.D. G. G			100% of fair market value, up to any applicable statutory limit	
Yard Tools and Equipment Line from Schedule A/B: 6.17	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
Line nom <i>Schedule Alb.</i> 0.11			100% of fair market value, up to any applicable statutory limit	
Television Line from Schedule A/B: 7.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)
Lille Hotti Schedule AVB. 1-1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Watches Line from Schedule A/B: 12.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(4)
Elle Helli soniedale 772. 1211			100% of fair market value, up to any applicable statutory limit	
Other Jewelry Line from Schedule A/B: 12.2	\$200.00		\$200.00	11 U.S.C. § 522(d)(4)
LINE HOTH SCHEUWE AVD. 12.2			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
Line Hell Conodule 77B. 1011			100% of fair market value, up to any applicable statutory limit	
Vendor Deposit: Curb Appeal (deposit for driveway repair)	\$800.00		\$800.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
IRA: Lincoln Financial Retirement	\$79,290.98	•	\$79,290.98	11 U.S.C. § 522(d)(12)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	

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Debtor	Bradley E. Smith			Case number (if known)				
	rief description of the property and line on chedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	01(k): Signature Wealth Advisors 01(k)	\$102,450.24		\$102,450.24	11 U.S.C. § 522(d)(12)			
	ne from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit				
	orthwestern Mutual Life Insurance eneficiary: Jacob Smith - Son	\$30,948.91		\$13,400.00	11 U.S.C. § 522(d)(8)			
	ne from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit				
	re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fi	,	,			

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		Document F	age 21 o	of 57		
Fill in this infor	mation to identify you	r case:				
Debtor 1	Bradley E. Smith	1				
	First Name		ast Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name L	ast Name		-	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF PENNS	SYLVANIA			
Case number _ (if known)					_	if this is an led filing
Official Forr		Who Have Claims Se	acurad	by Propert	v	12/15
<u> 3Criedule</u>	D. Creditors	WIIO Have Claims 3	ecui eu	by Propert	<u>y</u>	12/13
is needed, copy the number (if known) 1. Do any creditors	e Additional Page, fill it o s have claims secured by	f two married people are filing together, out, number the entries, and attach it to the your property?	his form. On t	the top of any additio	nal pages, write your na	
_		•	ricadics. Too	Thave nothing cise i	o report on this form.	
Yes. Fill ii	n all of the information b	pelow.				
Part 1: List A	II Secured Claims			0.1	0.1. 5	0.1.0
		nore than one secured claim, list the creditor		Column A	Column B	Column C
		a particular claim, list the other creditors in cal order according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Citizens I	Bank	Describe the property that secures the	claim:	\$614.12	\$0.00	\$614.12
PO Box 4 Providen 02940-20	12002 ce, RI	As of the date you file, the claim is: Cheapply.	eck all that			
Number, Stree	t, City, State & Zip Code	☐ Unliquidated				
Who owes the de	ebt? Check one.	Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as more	rtgage or secur	red		
Debtor 2 only		car loan)				
Debtor 1 and D	ebtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit				

 $\hfill \Box$ Check if this claim relates to a

Date debt was incurred 03/31/2021

community debt

☐ Other (including a right to offset)

Last 4 digits of account number

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Debtor 1 Bradley E. Smith		Case number (if known)				
First Name Middle N	ame Last Name					
2.2 Citizens Bank NA	Describe the property that secures the claim:	\$16,689.82	\$125,000.00	\$0.00		
Creditor's Name	609 4th Street Tyrone, PA 16686 Blair County					
Attn: Bankruptcy One Citizens Plaza Providence, RI 02903	As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or s car loan)	ecured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)					
Opened 10/19 Last Active 10/05/20	Last 4 digits of account number 6104	<u> </u>				
2.3 Quicken Loans	Describe the property that secures the claim:	\$94,254.02	\$125,000.00	\$0.00		
Creditor's Name	609 4th Street Tyrone, PA 16686 Blair County					
Attn: Bankruptcy 1050 Woodward Avenue Detroit, MI 48226	As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or s car loan)	ecured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)					
Opened 10/16 Last Date debt was incurred Active 11/20	Last 4 digits of account number 3942					

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Debtor 1 Bradley E. Smith				Case	Case number (if known)				
First Name	Middle N	Name	Last Name						
World Omni Corp.	Financial	Describe the	e property that secures the	claim:	\$5,073.00	\$20,000.00	\$0.00		
Creditor's Name			ota Tacoma 50,000 mi front wheel drive	iles					
Attn: Bankru P O Box 9918 Mobile, AL 3	B17	As of the date you file, the claim is: Check all that apply. ☐ Contingent		ck all that					
Number, Street, City		☐ Unliquidat	ted						
Who owes the debt?	Check one.	Nature of lie	en. Check all that apply.						
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or secured car loan)							
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)							
At least one of the d	ebtors and another	☐ Judgment lien from a lawsuit							
☐ Check if this claim community debt		Other (inc	cluding a right to offset)						
Date debt was incurre	Opened 05/17 Last Active d 10/25/20	Last 4	4 digits of account number	3668					
Add the dellar value	-f	Salaman A an 4h	in any Maite that any have	h	\$44C C20				
	•		is page. Write that number ie totals from all pages.	nere:	\$116,630.9				
Write that number he	•	i ilie dollar Valu	ie totais from an pages.		\$116,630.	96			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 24	l of 57	
Fill in this	information to identify your o	ase:			
Debtor 1	Bradley E. Smith				
DODIO! 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	WESTERN DISTRICT OF P	ENNSYLVANIA		
Case numb	her				
(if known)					☐ Check if this is an
					amended filing
Official	E0#90 400E/E				
	Form 106E/F	ha Hawa Haasawa	d Claima		40/45
	ule E/F: Creditors W				12/15 ORITY claims. List the other party to
Schedule G: Schedule D: left. Attach t name and ca	Executory Contracts and Unexpi Creditors Who Have Claims Secu he Continuation Page to this page ase number (if known).	red Leases (Official Form 106G) ired by Property. If more space e. If you have no information to	. Do not include is needed, copy t	any creditors with partially secu the Part you need, fill it out, num	erty (Official Form 106A/B) and on red claims that are listed in ber the entries in the boxes on the f any additional pages, write your
	List All of Your PRIORITY Un				
_ `	creditors have priority unsecured	I claims against you?			
	Go to Part 2.				
☐ Yes.					
Part 2:	List All of Your NONPRIORIT	/ Unsecured Claims			
	creditors have nonpriority unsec				
_ `			ith ways ather ach	adula a	
□ No.	You have nothing to report in this pa	irt. Submit this form to the court w	ith your other sche	edules.	
Yes.					
unsecur	of your nonpriority unsecured cla red claim, list the creditor separately e creditor holds a particular claim, lis	for each claim. For each claim lis-	ted, identify what t	ype of claim it is. Do not list claims	already included in Part 1. If more
					Total claim
	dvantage Home Health Ser			0040	440.00
4.1 LL	_C npriority Creditor's Name	Last 4 digits of a	ccount number	0318	\$13.20
	35 Clairton Blvd.	When was the de	ebt incurred?	12/08/2018	
	ttsburgh, PA 15236				
	mber Street City State Zip Code	As of the date yo	ou file, the claim i	s: Check all that apply	
	no incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	ODITY	l alaim.	
_	At least one of the debtors and ano	П сылыны I	ORITY unsecured	ı cıalın:	
del		☐ Obligations are		ration agreement or divorce that yo	ou did not
	the claim subject to offset?	report as priority o			
	No	•	•	g plans, and other similar debts	
	Yes	Other. Specify	Medical Bil		

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1 Bradley E. Smith		Case number (if known)	
Advantage Home Health Services, LLC	Last 4 digits of account number	0319	\$13.08
Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh PA 15236	When was the debt incurred?	12/08/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	·	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	
Advantage Home Health Services, LLC	Last 4 digits of account number	0320	\$26.40
Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236	When was the debt incurred?	12/10/2018 & 12/13/2018	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	
Advantage Home Health Services, LLC	Last 4 digits of account number	0321	\$39.24
5035 Clairton Blvd.	When was the debt incurred?	12/10/2018, 12/12/2018 & 12/14/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only			
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	·	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Bil	I	
	LLC Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes Advantage Home Health Services, LLC Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes Advantage Home Health Services, LLC Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Advantage Home Health Services, LLC Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Debtor 1 only Debtor 1 only Check if this claim is for a community debt Debtor 1 only Debtor 1 only Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor	Advantage Home Health Services, LLC Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236 Northee Street Clair State 2 piccole Who incurred the debtor 2 only Northee Street Clair State 2 piccole Northee Street State 2

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Depto	Bradley E. Smith		Case number (if known)			
4.5	Advantage Home Health Services, LLC	Last 4 digits of account number	0322	\$13.20		
	Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236	When was the debt incurred? 12/18/2018				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	,,			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Medical Bill				
	Advantage Home Health Services,					
4.6	LLC	Last 4 digits of account number		\$26.16		
	Nonpriority Creditor's Name 5035 Clairton Blvd. Pittsburgh, PA 15236	When was the debt incurred?	12/17/2018 & 12/19/2018			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Medical Bil				
4.7	AETNA	Last 4 digits of account number	3845	\$2,280.25		
	Nonpriority Creditor's Name P O Box 981106 El Paso, TX 79998-1106	When was the debt incurred?	07/23/2020			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	□ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Medical Bill - Tyrone 400				

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Debio	Bradley E. Sillidi		
4.8	AETNA	Last 4 digits of account number 3845	\$7,853.00
	Nonpriority Creditor's Name P O Box 981106	When was the debt incurred? 07/06/2020	
	El Paso, TX 79998-1106 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did report as priority claims	d not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bill - Tyrone Hospital	
4.9	AMED	Last 4 digits of account number	\$2,280.25
	Nonpriority Creditor's Name 1012 Seventh Avenue Altoona, PA 16602	When was the debt incurred? 05/29/2020 & 07/06/2020	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill	
4.1	Chartwell Pennsylvania, LP	Last 4 digits of account number 5853	\$2,998.80
<u> </u>	Nonpriority Creditor's Name		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	P O Box 360552 Pittsburgh, PA 15251	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did	d not
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical services	

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Debtor	1 Bradley E. Smith		Case number (if known)					
4.1 1	Chase Card Services	Last 4 digits of account number	3214	\$11,181.85				
	Nonpriority Creditor's Name Attn: Bankruptcy P O Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 06/02 Last Active 11/06/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.1	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	6776	\$8,744.44				
	P O Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 07/08 Last Active 10/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims						
	No	Debts to pension or profit-sharin						
	Yes	Other. Specify Credit Card						
4.1	Citibank North America Nonpriority Creditor's Name	Last 4 digits of account number	0413	\$510.00				
	Citibank SD MC 425 5800 South Corp Place Sioux Falls, SD 57108	When was the debt incurred?	Opened 05/19 Last Active 11/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims						
	■ No	Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other, Specify Credit Card						

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Case number (if known)

Bradley E. Smith		Case number (if known)	
Hillview Healthcare & Rehabilitation	Last 4 digits of account number		\$31.735.10
Nonpriority Creditor's Name 700 South Cyuga Avenue	When was the debt incurred?	10/13/2020	ψοι,ι.σοιισ
Altoona, PA 16602 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	
MedCare Equipment Company LLC	Last 4 digits of account number	3824	\$86.80
Nonpriority Creditor's Name	ū		
P O Box 1259 Dept.#140418	When was the debt incurred?	09/26/2020	
Oaks, PA 19456 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	I	
United Refining	Last 4 digits of account number	9206	\$28.00
Nonpriority Creditor's Name			
Attn: Bankruptcy 15 Bradley St.	When was the debt incurred?	Opened 02/12 Last Active 10/22/20	
Warren, PA 16365 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing		
□ Yes	Other, Specify Charge Acceptage	count	

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Debto	Bradley E. Smith	Case number (# known)	
4.1 7	University Orthopedics Center	Last 4 digits of account number 4852	\$4,735.00
	Nonpriority Creditor's Name 101 Regent Court	When was the debt incurred? 09/17/2020 and prior	
	State College, PA 16801 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill	
4.1 8	UРМС	Last 4 digits of account number 7171	\$2,347.25
	Nonpriority Creditor's Name 2 Hot Metal Street Dist. Room 386	When was the debt incurred? 10/26/2020	
	Pittsburgh, PA 15203 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill	
4.1 9	UPMC Home Healthcare Nonpriority Creditor's Name	Last 4 digits of account number 1591	\$1,449.33
	PO Box 643028 Pittsburgh, PA 15264	When was the debt incurred? 01/21/2021	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bill	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Bradley E. Smith

On which entry in Part 1 or Part 2 did you list the original creditor?

Credit Management Company

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

Credit Management Company 2121 Noblestown Road Pittsburgh, PA 15205

ine 4.18 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 76,361.35
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 76,361.35

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Fill in this information to identify your case:					
Debtor 1	Bradley E. Smith				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF PENNSYLVANIA		
Case number					
(if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	

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		Documen	nt rage oo or t	<u> </u>		
Fill in this infor	mation to identify your	case:				
Debtor 1	Bradley E. Smith					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	WESTERN DISTRICT C	OF PENNSYLVANIA			
Case number (if known)						Check if this is an amended filing
	orm 106H • H: Your Code	ebtors				12/15
people are filing ill it out, and nu our name and	g together, both are equa umber the entries in the case number (if known).	re also liable for any deb ally responsible for supp boxes on the left. Attach Answer every question. You are filing a joint case, o	lying correct information the Additional Page to t	n. If more space is n his page. On the top	eeded, co	py the Additional Page,
☐ No						
Yes						
		lived in a community pro Nevada, New Mexico, Pu			/ states ar	nd territories include
■ No. Go to	o line 3.					
☐ Yes. Did	your spouse, former spou	se, or legal equivalent live	with you at the time?			
in line 2 ag	ain as a codebtor only if), Schedule E/F (Official	that person is a guarant	tor or cosigner. Make su	re you have listed th	e credito	i. List the person shown r on Schedule D (Official E/F, or Schedule G to fill
	nn 1: Your codebtor Number, Street, City, State and ZIF	P Code		Column 2: The cre Check all schedule		hom you owe the debt
1008	b Smith Neuse Avenue ndo, FL 32804			■ Schedule D, lin □ Schedule E/F, □ Schedule G World Omni Fina	ne 2.4 line	·

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E	in this information to i	Jan 4:6										
	in this information to id	radley E. S										
1 -	btor 2					_						
Un	ited States Bankruptcy	Court for the	WESTERN DISTRICT	OF PENNSYLVANI	IA	_						
(If k	se number								ed filing ent showing	g postpetition llowing date:		
	fficial Form 1						1	MM / DD/ Y	YYYY			
	chedule I: Yo		ome sible. If two married peo								12/1	
sup spo atta	plying correct inform buse. If you are separa ich a separate sheet t	ation. If you ated and you	are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i ide inforr	s liv nati	ing with	you, incl t your spe	ude inform ouse. If mo	nation about ore space is	your needed,	
1.	Fill in your employr information.	nent		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with		Employment status	☐ Employed ■ Not employed				☐ Employed ☐ Not employed				
	information about additional employers.		Occupation	Disabled				_ 11000	mpioyed			
	Include part-time, se self-employed work.	asonal, or	Employer's name	Disabled								
	Occupation may incl or homemaker, if it a		Employer's address									
			How long employed th	nere?				_				
Pa	rt 2: Give Detail	s About Mor	thly Income									
	imate monthly incomo		ate you file this form. If y	ou have nothing to r	report for	any	line, writ	e \$0 in the	space. Inc	lude your no	n-filing	
If yo	ou or your non-filing spore space, attach a sepa	ouse have mo	ore than one employer, co	mbine the information	on for all e	mpl	oyers for	that perso	on on the lin	nes below. If	you need	
							For De	btor 1		otor 2 or ng spouse		
2.			ry, and commissions (be		2.	\$		0.00	\$	N/A		
3.	Estimate and list m	onthly overti	me pay.		3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross Inc	ome. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Bradley E. Smith		C	Case nu	mber (if kr	nown)				
	Com	ny line 4 have	4			ebtor 1			or Debtor on-filing s	spouse	
	Cop	y line 4 here	4.		\$	(0.00	\$ _		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$		0.00	\$_		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$		0.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$_		N/A	
	5e.	Insurance	5e		\$		0.00	\$_		N/A	-
	5f.	Domestic support obligations	5f.		\$		0.00	\$_		N/A	
	5g.	Union dues	5g		\$		0.00	\$_		N/A	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$		0.00	+ \$_		N/A	-
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(0.00	\$_		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	\$_		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	١.	\$	(0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$	(0.00	\$		N/A	•
	8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8c 8d 8e	l.	\$ \$ \$		0.00 0.00 3.00	\$ \$ \$		N/A N/A N/A	
	8g.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	_ 8f. 8g		\$		0.00	\$_ \$		N/A N/A	
	8h.	Other monthly income. Specify:	8h		\$		0.00			N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	2,858		\$_		N/A	<u> </u>
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		858.00	+ \$		NI/A	= \$	2,858.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	۷,۰	000.00	T		N/A	= \$_	2,050.00
11.	Stat Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe						Schedul	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies							e. 12.	\$	2,858.00
13.	Do y	you expect an increase or decrease within the year after you file this form' No.	?							Combir monthly	ned y income

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify y	our case:			I		
Deb		Bradley E. S				Che	eck if this is:	
		Drauley L. O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				An amended filing	
	tor 2 buse, if filing)							wing postpetition chapter the following date:
``							13 expenses as or	the following date.
Unit	ed States Bankı	ruptcy Court for the	: WESTE	ERN DISTRICT OF PENN	SYLVANIA		MM / DD / YYYY	
	e number							
(If ki	nown)							
	α: -: - I - -	100 l				1		
		rm 106J						
		J: Your		ISES . If two married people a	o filing together b	-4h ava av	vally raananaihla f	12/15
info	rmation. If m		eded, atta	ch another sheet to this				
Par		ribe Your House	ehold					
1.	Is this a joir	nt case?						
	■ No. Go to							
			ın a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Del	btor 2.	
				a c ccc <u>_</u> , <u>_</u>	orer Coparato ricue.	0		
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the		·				□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your exp	oenses include	_	No				□ res
	expenses o	f people other t	han 🗖	Yes				
	yourself and	d your depende	ents?	103				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	lude expense	s paid for with	non-cash	government assistance i	f you know			
	value of sucl		d have inc	cluded it on Schedule I:	Your Income		Your exp	enses
(011	ilciai Folili 10	, ,					i oui onp	
4.		or home owners		ses for your residence. I	nclude first mortgag	je 4.	\$	667.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a.	¢	0.00
		estate taxes erty, homeowner'	s. or renter	's insurance		4a. 4b.	·	0.00
		•		ıpkeep expenses		4c.	·	125.00
		owner's associa				4d.	·	0.00
5.	Additional r	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$	180.00

Bradley E. Sm	nith	Case num	ber (if known)	
	natural nas	62	\$	200.00
• • • • • • • • • • • • • • • • • • • •	3		·	60.00
_	_		·	
' '	priorie, interriet, satellite, and cable servic		·	225.00
	ing complies		·	0.00
-				475.00
			·	0.00
	-		·	75.00
•			·	136.00
	•	11.	\$	150.00
		12.	\$	200.00
			·	0.00
			·	0.00
	ona ana rengious uonations	14.	Ψ	0.00
	ce deducted from your pay or included in	lines 4 or 20		
	oc accudica nom your pay or included in		\$	0.00
	ے		·	110.02
				189.00
			·	
			Ψ	0.00
	taxes deducted from your pay or included	in lines 4 or 20. 16.	\$	0.00
Ilment or lease p			-	
Car payments fo	or Vehicle 1	17a.	\$	0.00
Car payments fo	or Vehicle 2	17b.	\$	0.00
Other. Specify:		17c.	\$	0.00
	-	17d.	\$	0.00
		(Omioiai i Omi 1001).		0.00
r payments you i	make to support others who do not live	e with you.	\$	0.00
,		19.		
			·	0.00
			·	0.00
Property, homeo	owner's, or renter's insurance	20c.	\$	0.00
Maintenance, re	pair, and upkeep expenses	20d.	\$	0.00
Homeowner's as	ssociation or condominium dues	20e.	\$	0.00
r: Specify:		21.	+\$	0.00
ulata vaur manth	aly expenses			
•	•		•	2 702 02
	•	Official Form 100 L 0		2,792.02
			·	
Add line 22a and 2	22b. The result is your monthly expenses	S.	\$	2,792.02
ulate your month	nly net income.		L	
Copy line 12 (yo	our combined monthly income) from Sched	dule I. 23a.	\$	2,858.00
			-\$	2,792.02
0.17				
		e. 23c.	\$	65.98
cample, do you expe	ect to finish paying for your car loan within the y			e or decrease because of a
ο.				
	Electricity, heat, Water, sewer, garelephone, cell Other. Specify: dand housekeep dicare and childrening, laundry, an onal care production and dental exportation. Include ot include car payretainment, clubs ritable contribution and include insurance. Other insurance Health insurance. Other insurance of the insu	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable service Other. Specify: dand housekeeping supplies deare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. retainment, clubs, recreation, newspapers, magazines, a ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in Life insurance Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included offy: International contributions Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Other of alimony, maintenance, and support that y reted from your pay on line 5, Schedule I, Your Income or payments of alimony, maintenance, and support that y reted from your pay on line 5, Schedule I, Your Income or payments you make to support others who do not live offy: In payments of alimony, maintenance, and support that y reteal property expenses not included in lines 4 or 5 of Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues or: Specify: ulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses Add lines 22a and 22b. The result is your monthly expenses ulate your monthly net income. Copy line 12 (your combined monthly income) from Sched Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses in your expenses with the specific payments of decrease in your expenses with the specific payments of decrease in your expenses with the specific payments of decrease in your expenses with the specific payments of decrease in your expenses with the specific payments of decrease	ites: Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: 6d. Jand housekeeping supplies 7. Jacare and children's education costs Aing, laundry, and dry cleaning 9. onal care products and services 10. icial and dental expenses 10. icial and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. Trainment, clubs, recreation, newspapers, magazines, and books 13. ittable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance to include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15a. Health insurance Vehicle insurance. Specify: 15c. Usher insurance. Specify: 15c. Usher insurance. Specify: 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d.	Electricity, heat, natural gas Water, sewer, garbage collection Beb. \$ Water, sewer, garbage collection Cher. Specify: Gar and children's education costs Gar apyments, crucation, newspapers, magazines, and books Gar and children's educated from your pay or included in lines 4 or 20. Life insurance Gar apyments cost children's educated from your pay or included in lines 4 or 20. Life insurance. Specify Gar payments for Vehicle 1 Gar payments for Vehicle 1 Gar payments for Vehicle 2 Gar payments of allimony, maintenance, and support that you did not report as sucted from your pay on line 5, Schedule I, Your Income (Official Form 106I), and the suppayments of allimony, maintenance, and support that you did not report as sucted from your pay on line 5, Schedule I, Your Income (Official Form 106I), and the suppayments of allimony, maintenance, and support that you did not report as sucted from your pay on line 5, Schedule I, Your Income (Official Form 106I), and the suppayments of allimony, maintenance, and support that you did not report as sucted from your pay on line 5, Schedule I, Your Income (Official Form 106I), and you pay to the suppayments of allimony, maintenance, and support that you did not report as sucted from you pay on line 5, Sc

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Fill in this inf	formation to identify your	case:				
Debtor 1	Bradley E. Smith					
	First Name	Middle Name	Las	t Name		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNS	LVANIA		
Case number						
(if known)						☐ Check if this is an
						amended filing
~ <u> </u>						
	orm 106Dec					
Declara	ation About a	an Individual	Debt	or's Sch	nedules	12/15
f two married	people are filing together	r, both are equally respo	nsible for s	upplying corre	ct information.	
						ement, concealing property, or
obtaining moi	ney or property by fraud ii i. 18 U.S.C. §§ 152, 1341, 1	n connection with a bani	kruptcy cas	e can result in i	tines up to \$250,0	00, or imprisonment for up to 20
years, or both	1. 10 0.5.0. 33 152, 1541, 1	1319, and 3371.				
S	Sign Below					
Did you	pay or agree to pay some	one who is NOT an attor	rney to help	you fill out bar	nkruptcy forms?	
■ No						
☐ Yes	s. Name of person				Attach Bar	kruptcy Petition Preparer's Notice,
					Declaration	n, and Signature (Official Form 119)
Under pe	enalty of perjury, I declare	that I have read the sum	mary and s	chedules filed	with this declarati	on and
	are true and correct.	that i have road the can	a. y ana c	onoualoo mou	min tino doolarati	
Y Iol B	Prodley E Smith		х			
	Bradley E. Smith dley E. Smith		^	Signature of De	ehtor 2	
	ature of Debtor 1			Signature of De	00101 2	
Jigi N						
Date	March 31, 2021			Date		

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Fill	in this inform	ation to identify your	case:			
Deb	tor 1	Bradley E. Smith	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	kruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA		
Cas	e number					check if this is an
					a	mended filing
Sta		of Financial A		duals Filing for B		4/19
infor	mation. If me		attach a separate sheet to		equally responsible for sup additional pages, write you	
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	☐ Married■ Not marr	ried				
2.	During the la	st 3 years, have you l	ived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you li	ved in the last 3 years. Do no	ot include where you live now	:	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	edule H: Your Codebtors (O	ficial Form 106H).		
Pari	Explain	n the Sources of Your	Income			
	Fill in the total	l amount of income you	received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calendar nuary 1 to De	year: cember 31, 2020)	■ Wages, commissions, bonuses, tips	\$13,132.99	☐ Wages, commissions, bonuses, tips	
☐ Operating a business ☐ Operating a business						

Official Form 107

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Debtor 1 Bradley E. Smith Case number (if known)

	Debtor 1		Debtor 2	
	Deptor 1		Deptor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	■ Wages, commissions, bonuses, tips	\$1,933.82	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$79,709.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$72,208.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$83,192.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	Unemployment	\$35,088.00		
	Retirement account distributions	\$10,242.27		
	Retirement account distribution	\$5,600.00		
	Long Term Disability	\$4,265.13		
For the calendar year before that: (January 1 to December 31, 2019)	Retirement account distributions	\$30,000.00		
For the calendar year: (January 1 to December 31, 2018)	Retirement account distributions	\$27,500.00		

Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Page 41 of 57 Document Bradley E. Smith Debtor 1 Case number (if known) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Quicken Loans 1/25/2021 \$2,100.00 \$95,140.00 Mortgage Attn: Bankruptcy 2/25/2021 ☐ Car 1050 Woodward Avenue 3/25/2021 ☐ Credit Card Detroit. MI 48226 ☐ Loan Repayment ☐ Suppliers or vendors □ Other

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

■ No

Yes. List all payments to an insider.

Insider's Name and Address

Dates of payment

Total amount you Reason for this payment still owe

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address

Dates of payment

Total amount
paid

Amount you
still owe
Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Nature of the case Court or agency Status of the case Case number

Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Document Page 42 of 57 Debtor 1 Bradley E. Smith Case number (if known) 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Value of property Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Yes. Fill in the details.

Person Who Was Paid Address **Email or website address** Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Bradley E. Smith

Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and va transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
	Evey Black Attorneys LLC 401 Allegheny Street P O Box 415 Hollidaysburg, PA 16648 www.eveyblack.com	Payment toward fee, and attorney	credit report, /s' fees	filing	11/17/2020, 1/8/2021	\$1,850.00
	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you lied. No Yes. Fill in the details.	or to make payments			r transfer any proper	ty to anyone who
	Person Who Was Paid Address	Description and va transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already link No	iness or financial affai e as security (such as th	irs?			
	Person Who Received Transfer	Description and va	alue of	Describe a	any property or	Date transfer was
	Address	property transferre			received or debts	made
	Person's relationship to you					
	Within 10 years before you filed for bankruptc; beneficiary? (These are often called asset-protein No		property to a s	elf-settled tru	ist or similar device o	of which you are a
	Yes. Fill in the details. Name of trust	Description and va	alue of the prope	rty transform	ad	Date Transfer was
	Name of trust	Description and va	alue of the prope	ity transient	eu	made
Par	8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	age Units		
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?					
	Include checking, savings, money market, or on the characteristics, pension funds, cooperatives, associa No	other financial accoun tions, and other financ	ts; certificates o cial institutions.	f deposit; sh	ares in banks, credit	unions, brokerage
	Yes. Fill in the details.					
		ast 4 digits of ccount number	Type of account instrument	clo mo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yeacash, or other valuables?	ar before you filed for	bankruptcy, any	safe deposit	box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		escribe the	contents	Do you still have it?
		State and ZIF Code)				

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Debtor 1 Bradley E. Smith

Case number (if known)

22.	_	you stored property in a storage unit or pla	ce other than your home within 1	yea	r before you filed for bankruptcy?	,			
	=	Yes. Fill in the details.							
	— Nan	ne of Storage Facility Iress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Des	scribe the contents	Do you still have it?			
Par	t 9:	Identify Property You Hold or Control for S	·						
23.	•	ou hold or control any property that someor omeone.	ne else owns? Include any proper	ty yo	ou borrowed from, are storing for	, or hold in trust			
	_	No Yes. Fill in the details.							
	_	ner's Name Iress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value			
Par	t 10:	Give Details About Environmental Information	tion						
For	the p	urpose of Part 10, the following definitions a	ipply:						
	toxic regu	ronmental law means any federal, state, or less substances, wastes, or material into the air lations controlling the cleanup of these substances any location, facility, or property as comparts any location, facility, or property as comparts any location, facility, or property as compared to the control of	r, land, soil, surface water, ground stances, wastes, or material.	dwat	er, or other medium, including sta	atutes or			
	to ov	wn, operate, or utilize it, including disposal s	sites.						
		ardous material means anything an environn rdous material, pollutant, contaminant, or si		was	ste, hazardous substance, toxic s	ubstance,			
Rep	ort al	I notices, releases, and proceedings that yo	u know about, regardless of wher	n the	y occurred.				
24.	Has	any governmental unit notified you that you	may be liable or potentially liable	und	ler or in violation of an environme	ental law?			
		No Yes. Fill in the details.							
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.	Have	you notified any governmental unit of any r	release of hazardous material?						
	_	No							
	Nan	Yes. Fill in the details. ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or administ	trative proceeding under any envi	ironr	nental law? Include settlements a	nd orders.			
	_	No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or Conn	ections to Any Business						
27.	With	in 4 years before you filed for bankruptcy, d	id you own a business or have an	ıy of	the following connections to any	business?			
		☐ A sole proprietor or self-employed in a tr	ade, profession, or other activity,	eith	er full-time or part-time				
		☐ A member of a limited liability company ((LLC) or limited liability partnersh	ip (L	LP)				
Offici	al Ear	m 107 Statement of	Financial Affairs for Individuals Filing	for	Bankruntov	nage			

Best Case Bankruptcy

Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Page 45 of 57 Document Bradley E. Smith Debtor 1 Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. **Address** (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Bradley E. Smith Signature of Debtor 2 **Bradley E. Smith** Signature of Debtor 1 Date Date March 31, 2021 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your o	ase:		
Debtor 1	Bradley E. Smith			
Dahtar 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	WESTERN DISTR	RICT OF PENNSYLVANIA	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo				_
Statemer	nt of Intentio	<u>n for Indiv</u>	<u>riduals Filing Under Chapt</u>	er 7 12/15
If you are an indi	vidual filing under chap	nter 7. vou must fil	Lout this form if	
	e claims secured by you		. • • • • • • • • • • • • • • • • • • •	
	ed personal property a			
	ver is earlier, unless the		you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the	
	eople are filing together ad date the form.	in a joint case, bo	th are equally responsible for supplying correct	information. Both debtors must
			s needed, attach a separate sheet to this form. Or	n the top of any additional pages,
write yo	our name and case nun	iber (if known).		
Part 1: List Yo	our Creditors Who Have	Secured Claims		
1. For any creditorinformation be		rt 1 of Schedule D	: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
Identify the cre	editor and the property th	nat is collateral	What do you intend to do with the property the secures a debt?	at Did you claim the property as exempt on Schedule C?
-	itizens Bank NA		☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description of property	609 4th Street Tyro Blair County	ne, PA 16686	Reaffirmation Agreement.	
securing debt:			Retain the property and [explain]: Debtor will retain residence and make	
-			monthly mortgage payment	
Creditor's Q name:	uicken Loans		☐ Surrender the property.	□ No
name.			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description of		ne, PA 16686	Reaffirmation Agreement.	_ 100
property	Blair County		Retain the property and [explain]:	
securing debt:			Debtor will retain residence and make monthly mortgage payment	
			_	
Creditor's W name:	orld Omni Financial	Corp.	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

☐ Retain the property and enter into a

Reaffirmation Agreement.

Description of 2017 Toyota Tacoma 50,000

Yes

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Debtor 1 Brad	ley E. Smith	Case number (if known)	
property securing debt:	miles Crew cab front wheel drive	■ Retain the property and [explain]: Debtor's son will retain vehicle and make monthly payment	
For any unexpire in the information	n below. Do not list real estate leases.	es led in Schedule G: Executory Contracts and Unexpired Unexpired leases are leases that are still in effect; the left if the trustee does not assume it. 11 U.S.C. § 365(p)(2)	lease period has not yet ended.
Describe your u	nexpired personal property leases	1	Will the lease be assumed?
Lessor's name: Description of lea Property:	sed		□ No □ Yes
Lessor's name: Description of lea Property:	sed		□ No
Lessor's name: Description of lea Property:	sed		□ No □ Yes
Lessor's name: Description of lea Property:	sed		□ No □ Yes
Lessor's name: Description of lea Property:	sed		□ No □ Yes
Lessor's name: Description of lea Property:	sed		□ No
Lessor's name: Description of lea Property:	sed		□ No
	perjury, I declare that I have indicated ubject to an unexpired lease. r E. Smith Smith	my intention about any property of my estate that second and the second	ures a debt and any personal

Date

Date

March 31, 2021

Fill in this information to identify your case	se:				x only as d	irected in this form and	in Form
Debtor 1 Bradley E. Smith				2A-1Supp:			
Debtor 2 (Spouse, if filing)				■ 1. There	is no pres	umption of abuse	
United States Bankruptcy Court for the:	Western District of Penns	sylvania	_	applie	es will be n	o determine if a presurnade under <i>Chapter 7</i> icial Form 122A-2).	
Case number				☐ 3. The M	leans Test	does not apply now be service but it could a	
				☐ Check	if this is a	n amended filing	
Official Form 122A - 1						3	
Chapter 7 Statement of	of Your Curren	t Mor	nthly Inc	ome			04/20
Be as complete and accurate as possible. If attach a separate sheet to this form. Include case number (if known). If you believe that you alifying military service, complete and file Part 1: Calculate Your Current Mo	e the line number to which the you are exempted from a pre e Statement of Exemption fro onthly Income	e addition sumption	nal information of abuse becau	applies. On t use you do n	he top of a	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is your marital and filing sta	•						
■ Not married. Fill out Column A,		0.1	A 15 "	0.44			
☐ Married and your spouse is fil	-			2-11.			
☐ Married and your spouse is No		•	-		15.5		
☐ Living in the same househo							
☐ Living separately or are legated penalty of perjury that you an living apart for reasons that d	nd your spouse are legally	separated	l under nonbar	nkruptcy law	that applic	es or that you and you	
Fill in the average monthly income that y 101(10A). For example, if you are filing on the 6 months, add the income for all 6 mon spouses own the same rental property, put	September 15, the 6-month pe ths and divide the total by 6. F	riod would	be March 1 thro sult. Do not inclu	ugh August 3 de any incom	 If the amount m 	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, b payroll deductions).	onuses, overtime, and co	ommissio	ons (before all	\$	0.00	\$	
 Alimony and maintenance payme Column B is filled in. 	ents. Do not include payme	ents from	a spouse if	\$	0.00	\$	
 All amounts from any source whi of you or your dependents, inclu- from an unmarried partner, membe and roommates. Include regular confilled in. Do not include payments you 	ding child support. Includers of your household, your ntributions from a spouse of	le regular depender	contributions nts, parents,	\$	0.00	\$	
5. Net income from operating a bus	iness, profession, or farr						
			tor 1				
Gross receipts (before all deduction	,	0.00					
Ordinary and necessary operating of	expenses + _		Copy here ->	. ¢	0.00	\$	
Net monthly income from a busines	· · · · · -	0.00	copy nere ->	- Ψ	0.00	Ψ	
6. Net income from rental and other	real property	Deb	tor 1				
Gross receipts (before all deduction	ns) \$	0.00					
Ordinary and necessary operating e		0.00					
Net monthly income from rental or of	· · . —	0.00	Copy here ->	•\$	0.00	\$	
7. Interest, dividends, and royalties				\$	0.00	\$	

Official Form 122A-1

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Debto	Bradley E. Smith		Case	number (if known)			
			Colur Debto		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation		\$	2,876.00	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benefit un	der				
	For you\$	0.00					
	For your spouse \$						
	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that padoes not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt	tated in the next sentence, r allowance paid by the ty, combat-related injury or es. If you received any reti pay only to the extent that in would otherwise be entitle	red t	350.00	\$		
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S under the Federal law relating to the national emergency under the National Emergencies Act (50 U.S.C. 1601 et coronavirus disease 2019 (COVID-19); payments receiverime, a crime against humanity, or international or domotompensation pension, pay, annuity, or allowance paid Government in connection with a disability, combat-related of a member of the uniformed services. If necess separate page and put the total below	Security Act; payments made by declared by the Presider t seq.) with respect to the ved as a victim of a war nestic terrorism; or at by the United States ted injury or disability, or ary, list other sources on a	de ht	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.		+ \$	0.00	\$		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		3,226.	90 + \$			226.00
Part	Determine Whether the Means Test Applies to	o You				income	
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	11		Copy line 11 h	nere=>	\$	226.00
	Multiply by 12 (the number of months in a year)					x 12	
	12b. The result is your annual income for this part of the	e form			12b.	\$38,	712.00
13.	Calculate the median family income that applies to	you. Follow these steps:					
	Fill in the state in which you live.	РА					
	Fill in the number of people in your household.	1					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link specif	ied in the s	separate instruc	13. tions	\$ 57 ,	213.00
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. Of Go to Part 3. Do NOT fill out or file Official		box 1, <i>The</i>	ere is no presum	ption of abuse	9.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2, The	e presumpt	ion of abuse is	determined by	Form 122A	-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information on this	statemen	t and in any atta	achments is tru	ue and corre	ect.
	χ /s/ Bradley E. Smith						
	Bradley E. Smith						

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Debtor 1	Bradley E. Smith	Case number (if known)	
	Signature of Debtor 1		
Da	te March 31, 2021		
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this for	rm.	

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Debtor 1 Bradley E. Smith Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2020 to 02/28/2021.

Line 8 - Unemployment compensation (included in CMI)

Source of Income: Commomwealth of Pennsylvania

Income by Month:

6 Months Ago:	09/2020	\$4,613.00
5 Months Ago:	10/2020	\$1,716.00
4 Months Ago:	11/2020	\$2,288.00
3 Months Ago:	12/2020	\$3,433.00
2 Months Ago:	01/2021	\$2,862.00
Last Month:	02/2021	\$2,344.00
	Average per month:	\$2,876.00

Line 9 - Pension and retirement income

Source of Income: National Finance Service LLC

Income by Month:

6 Months Ago:	09/2020	\$700.00
5 Months Ago:	10/2020	\$700.00
4 Months Ago:	11/2020	\$700.00
3 Months Ago:	12/2020	\$0.00
2 Months Ago:	01/2021	\$0.00
Last Month:	02/2021	\$0.00
	Average per month:	\$350.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	r 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-70149-JAD Doc 1 Filed 03/31/21 Entered 03/31/21 15:19:17 Desc Main Document Page 56 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In r	e Bradley E. Smith		Case N	0.	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPI	ENSATION OF ATTOR	NEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy, o	or agreed to be pa	aid to me, for service	l that es rendered or to
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received			1,475.00	
	Balance Due			25.00	
2.	\$338.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law a				tes of my law firm.	
	☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n				my law firm. A
6.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankruptc	y case, including:	
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 				
7.	By agreement with the debtor(s), the above-disclosed f	fee does not include the following	service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement for p	payment to me for	or representation of	the debtor(s) in
	March 31, 2021	/s/ Jeffrey A. Murio	ceak		
_	Date	Jeffrey A. Muricea Signature of Attorney Evey Black Attorn 401 Allegheny Stro P O Box 415 Hollidaysburg, PA (814) 695-7581 Fa jmuriceak@eveyb	k eys LLC eet . 16648 ax: (814) 695-17	750	

Name of law firm

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United States Bankruptcy Court Western District of Pennsylvania

western District of Fernisylvania					
In re	Bradley E. Smith		Case No.		
		Debtor(s)	Chapter	7	
VERIFICATION OF CREDITOR MATRIX					
The ab	ove-named Debtor hereby verifies t	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.	
Date:	March 31, 2021	/s/ Bradley E. Smith Bradley E. Smith			

Signature of Debtor